

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester	State OH	Zip Code 45069-6628
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. John A. Boehner**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : B794A640B06E84BE5A23**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address P.O. BOX 23940

City SANTA BARBARA	State CA	Zip Code 93121
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Lois Capps**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 23

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

**Transaction ID : BFF467E0E23794BA190A**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. Box 189

City Mount Kisco	State NY	Zip Code 10549
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Nan A.S. Hayworth**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 19

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : B0AD67850212F43338E6**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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